



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### TREATMENT AND POSITIONAL SUPPORTS

**Effective Date:** August 22, 2006

**Policy #:** TX-15

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- I. PURPOSE:** To ensure rights of patients are protected regarding use of restraint devices and to establish guidelines for the use and review of positional and treatment supports.
- II. POLICY:** MSH patients have the right to the least restrictive environment possible to promote functional independence. The least restrictive measures will be utilized to attain and maintain each patient's physical, mental and psychosocial well being.
- III. DEFINITIONS:**
  - A. Positional Supports: Positional supports are the use of a mechanical device to help maintain a person's positioning that he or she could not otherwise maintain on their own.
  - B. Mechanical Devices: Mechanical devices used for maintaining positioning include, but are not limited to: lap buddies, cushions, wedge cushions, pommel wedges and lateral trunk supports.
  - C. Treatment Supports: Treatment support means restraint used for brief periods during treatment or diagnostic procedures such as, but not limited to, intravenous therapy, tube feeding, wound care, or catherization.
  - D. Restraint: Any device that restricts movement such as: soft ties, posey cloth restraint, hand-mitts, and any chair that prevents rising.
- IV. RESPONSIBILITIES:**
  - A. A RN and the Occupational Therapist – Registered/Licensed (OTR/L) will complete positional support assessment within seventy-two (72) hours of the referral.
- V. PROCEDURE FOR POSITIONAL SUPPORTS**
  - A. Use of positional supports requires:
    - 1. A time-limited independent practitioner's order and consultation with a licensed occupational therapist or registered nurse. PRN orders cannot be obtained.
    - 2. Regular patient observation/assessment to determine patient's condition,
    - 3. Daily documentation in the patient's medical record,
    - 4. Periodic review by the treatment team,

5. Documentation of less intrusive measures tried, and
  6. Documentation on patient's treatment plan.
- B. Positional supports should not be confused with the use of restraints. If the patient's behavior is assaultive and requires seclusion and/or behavioral restraint to protect the patient from injuring self or others, the Use of Seclusion and Restraint Policy will be followed. Positional supports should not be used for wandering or intrusive behaviors.
- C. When positional support is required and when the OTR/L is not available, the practitioner's order for positional support will state it is valid only for 24 hours. This order will be reviewed and renewed as needed by the practitioner and licensed nurse every 24 hours until evaluated by an OTR/L.
- D. To allow for the patient or person acting on his/her behalf the opportunity to make an informed choice about the use of positional supports, the OTR/L will explain:
1. The rationale for and benefits of the positional supports being proposed,
  2. Possible negative outcomes of use,
  3. The interventions that will be utilized to prevent or reduce the possible negative effects,
  4. Alternatives, if any, and
  5. The patient or family member/guardian will sign a consent form for positional supports.
- E. The rationale for the initial positional supports and quarterly renewals will be documented by the OTR/L in the medical record.
- F. Following review by the OTR/L and RN, a practitioner's order for positional support may be valid for up to thirty (30) days from the date it is written and signed. Indication of need for restraint will be reviewed by the practitioner each time the order is renewed.
- G. The practitioner's order will contain the words, "positional support" and must specify the:
1. Type of support,
  2. Reason(s) for it's use,
  3. Location of application, and
  4. Duration.
- H. Nursing personnel are responsible for bringing to the attention of the practitioner any changes in the patient's condition that might necessitate a change in the type of support.

- I. Based on sound clinical judgement, reduction or removal of positional supports can be initiated by licensed nursing personnel and/or the OTR/L with documentation in the patient's medical record.
- J. Persons in positional supports will be observed at least every 30 minutes by a person responsible for his/her care.
- K. All patients, while in positional supports, will be offered fluids and allowed the opportunity for motion and exercise for at least 10 minutes every 2 hours during waking hours. Exercise may be passive exercises executed by nursing staff and may include toileting, skin care, and daily bathing.
- L. Anytime a positional support is modified or discontinued and later reinstituted, guidelines for initial positional support will be followed.
- M. The treatment plan for patients using positional support will identify the reason(s), specific observations, and interventions used in the care of the individual.
- N. Review of need for the type of support will be completed within ninety (90) days after the initial evaluation and every 90 days thereafter. This review will be completed by the treatment team with final recommendations written by an RN and OTR/L.

## **VI. PROCEDURE FOR TREATMENT SUPPORT**

- A. The practitioner's order for treatment support will specify the:
  - 1. type of support,
  - 2. the reason(s) for support use,
  - 3. location of application, and
  - 4. the duration

The practitioner's order will contain the words, "Treatment Support." PRN orders will not be obtained.

- B. When a treatment support is necessary to facilitate a prescribed treatment, the practitioner will document the rationale for the support in the Progress Notes within twenty-four (24) hours of the implementation of the support.
- C. Patients using treatment supports will be observed at least every 30 minutes by a person responsible for his/her care. Observation will be documented in the medical record once per shift.
- D. The order for treatment support is valid only up to seven (7) days. If continued use of the treatment is required, a new 7-day practitioner's order with accompanying practitioner documentation (Progress Note) of rationale is required.

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Thomas Gray, MD Date  
Medical Director